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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**



Declaration  
Submitted  
With Initial  
Filing

OR



Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

First Named Inventor

Verona Lynn Bright

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Removable Insert For  
Truck Box With Integrated Motorcycle Support And Tie Down

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number: <input type="text"/>				OR <input checked="" type="checkbox"/> Correspondence address below	
Name Verona Lynn Bright					
Address 33662 51st Road					
City Arkansas City		State Kansas		ZIP 67005	
Country U.S.A.		Telephone 620-441-0979		Fax 620-442-5231	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Verona Lynn			Family Name or Surname Bright		
Inventor's Signature <i>Verona Lynn Bright</i>				Date 10/30/03	
Residence: City Arkansas City		State Kansas		Country U.S.A.	
Citizenship U.S.A.					
Mailing Address 33662 51st Road					
City Arkansas City		State Kansas		ZIP 67005	
Country U.S.A.					
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
Inventor's Signature				Date	
Residence: City		State		Country	
Citizenship					
Mailing Address					
City		State		ZIP	
Country					
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					

# KANSAS

Department of Revenue  
Division of Vehicles  
Topeka, Kansas 66626-0001  
www.ksrevenue.org/dmv

## Kansas Manual Application for Duplicate, Secured, or R issued Title

Mail or Take Completed Application to Your Local County Treasurer's Office

CHECK  
ONE

- ☒ \$ 10.00 Duplicate Title (Replaces previous title that was lost, stolen, or mutilated.) **\*CERTIFICATION REQUIRED**  
☐ \$ 10.00 Secured Title (Adds a lien holder to a title.) *Attach current Kansas title to this application.*  
☐ \$ 10.00 Reissued Title (Removes a lien holder to a title.) *Attach current Kansas title & lien release to this application.*

### VEHICLE INFORMATION

If Known Previous Title Number

VIN 1HD1JBB121Y052489 Make HD Year 2001 License Plate OCH95

Odometer Reading at the Time  
of Completing this Application

I, the owner of the above described vehicle, do hereby certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle, unless one of the following statements is checked:

☒ 21706

☐ The mileage stated is in excess of its mechanical limits of the odometer.

☐ The odometer reading is not actual mileage.

**WARNING-Odometer Discrepancy**

### OWNER INFORMATION

(Owner's Name(s), as Printed on Last Title)

NOTE: The names on the registration receipt are listed the same as the names on the title.

I  
A Barry Viola  
M  
E  
(s)

3015 N Summit Arkansas City Ks 67005 620-441-0979  
Address City State ZIP Phone Number

☐ To the owner's name and address above

☒ To the name and address below.

Name Barry Viola  
Address 33662 51st Road City Arkansas City ST Ks ZIP 67005

### 1st LIENHOLDER'S NAME

Address City ST ZIP

### 2nd LIENHOLDER'S NAME

Address City ST ZIP

**DUPLICATE TITLE CERTIFICATION** (This certification must be completed when applying for a duplicate title). I certify that I am the lawful owner of the vehicle described above and a Kansas Certificate of Title was issued to me and my original certificate of title has been (Check One).

- ☒ Lost ☐ Mutilated (Attach title to application) ☐ Has Become Illegible (Attach title to application)  
I/We certify that I/we are the owner(s) of the above listed vehicle, that all liens and encumbrances, if any, are listed and that all information stated here in is true and correct.

Signature of Kansas Registered Owner(s)

Date

If two or more persons are shown on the face of the title as owners with an "and" between the names, ALL persons must sign the application.  
NOTE: The names on the registration receipt are listed the same as the names on the face of the title.

Signature of Kansas Registered Owner(s)

Date

### INSTRUCTIONS

- Signature(s) of the owner(s) must match the name(s) on the face of the current Kansas title.
- To remove an existing lien, a notarized lien release is required.
- Record the name and address of the secured party/lienholder.
- A copy of the security agreement is NOT necessary.
- Current mileage is required.
- The Duplicate Title Certification must be completed when applying for a duplicate title.

- If a legal document or power of attorney is used, please attach it to the application.
- The current Kansas title must be attached to an application for secured or reissued title. If the current title has been destroyed or lost, application must be made for a duplicate title (duplicate/secured or duplicate/reissued).

By my signature I swear or affirm that this is a true and correct statement. I am aware that law provides severe penalties for making statements under oath.

Mail or Take Application To Your Local County Treasurer's Office

For Office Use Only